प्राप्त हुई कुछ शिकायतों को ध्यान में रखते हुए विशेष दल के निष्कर्षों और इसके बाद की स्थिति की पुनरीक्षा करने का पिछले वर्ष निर्णय लिया गया था। यह कार्य प्रगति पर है ।

Double Cylinder facility to Consumers

377. SHRI SYED SIBTEY RAZI: Will the Minister of PETROLEUM AND CHEMICALS be pleased to state:

whether it is a fact that double cylinders were easily available to consumers from their respectiv dealers in recent past;

(b) whether this facility has been withdrawn recently without any sound basis;

(c) if so, what are the details thereof;

(d) whether Government propose to revive this facility in near future; and

(e) if so, when?

THE MINISTER OF PETROLEUM AND CHEMICALS AND PARLIAMENTARY AFFAIRS (SHRI SATYA PRA-KASIH MALAVIYA): (a) to (e) A seconu cylinder is released to consumers in a planned manner subject to backlogs in LPG supplies and product availability. In view of the recent Gulf crisis, shortages in the product availability and considerable backlogs, release of a second cylinders has been withheld till the situation improves.

Exploration of oil by foreign companies

378. SHRI PRABHAKAR RAO KALVILA: Will the Minister of PETRO LEUM AND CHEMICAL be pleased to staw

(a) the names of the foreign companies which have been invited for oil exploration in selected blocks in India; and

(b) the reasons for not inviting Indian companies for the said purpose?

THE MINISTER OF PETRO-LEUM AND CHEMICALS AND PARLIAMENTARY AFFAIRS (SHRI SATYA PRAKASH MALAVIYA): No. fresh invitation has been given to any foreign oil companies for oil exploration in India so far. However under Third Round of bidding, contracts with following live foreign oil companies were signed in 1987/1988 for oil exploration in 9 off shore blocks of India:

Name of Company	Name of block
(i) Chevron-Texaco	KG-OS-I, P-OS-II, KG-OS-VII, MN-OS-J.
(ii) Shell.	KK-OS-II, KK-OS-IV
(iii) IPC	KG-OS-IV
(iv) BHP	KK-OS-VI
(v) AMOCO	KG-OS-V

(b) Private Indian companies were free to participat; and bid for offshore acrea-age under the Third Round which were offered on a production sharing basis. However, Indian companies were to possess adequate financial capability and necessary technical back up arrangement and it was intended that their participation in the Third Round should not involve any outgo of foreign exchange since the basic objective of the Third Round was to attract foreign risk capital in oil exploration in India.

Ban on Smoking

379. SHRI PRABHAKAR RAo KA-LVALA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any proposal under Government's consideration to ban smoking at public places in the country;

(b) if so, what are the details thereof; and

(c) by when the above proposal is likely to be implemented?

THE MINISTER OF HEALTH AND FAMILY WELFARE (PROF. SHAKEELUR REHMAN): (a) to (c) In order to protect the non-smoking public, from the hazards of passive smoking, instructions have been issued to prohibit tobacco smoking to start with, in a few selected places, namely, hospitals, dispensaries and other health care establishments, educational institutions, conference rooms, domestic airflights, air-conditioned chaircars and airconditioned sleeper coaches in trains, sub-urban trains and airconditioned buses.

Higher incidence of mortality amongst female children

380. SHRI PRABHAKAR RAO KALVALA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to Btate:

(a) whether it is a fact that about 12 million female children are born every year in India but 1. 5 million do not live to see their first birthday as reported in the Indian Express of 4th October, 1990;

fb) if so, what are the details in this regard during the last three years, yearwise and State-wise; and

(c) what steps are contemplated by Government to improve the situation?

THE MINISTER OF HEALTH AND FAMILY WELFARE (PROF. SHAKEELUR REHMAN): (a) As estimated by Registrar General of India, the annual number of female live births was 11. 4 million and female infant deaths was 1. 1 million (9. 65 per cent) for the year 1988. During the same year, number of male live birth is 12. 4 million and male infant death was 1. 2 million (9. 68 per cent)

(b) Details in relation to major States is for 1985, 86, 87 is annexed. *(See below)*

(c) The Steps taken/proposed to be taken to further reduce infant mortaility rate, *inter-alia,* include 100 per cent immuniza tion of all infants and pregnant women, intensification and universalisation of Maternal and Child Health Programmes, like control of Acute Respiratory Infec tions. Prophylaxis against nutritional anaemia and propogation of Oral Rehy dration Therapy to combat dehydration due to diarrhoea. It is also proposed to fur ther strengthen the health infrastructure and undertake training of traditional birth attendants to promote safe delivery. Due emphasis will continue to be given on breast feeding, proper weaning practices and supplementary nutrition under Integ rated Child Development Scheme. Specific area Development Projects for bringing about qualitative and quantitative improve ment in the health delivery system has been undertaken in States/Districts with high infant mortality.

Statemen

Infant mortality rates by sex lnd ia ***and*** *Major States* 1985, 1986, 1987

States	**1985**		1986		Male 1987	
	Male	Female	Male	Female		Fcmrle
1	2	3	4	5	6	7
Andhra Pradesh	86	79	S3	80	80	77
Assam....	116	105	110	107	103	100
Bihar....	104	107	95	107	99	104
Gujarat	97	99	104	110	90	106
"Haryana	78	93	77	93	79	96